United States Bankruptcy Court 61288, Houston TX 77208	SOUTHERN DISTRI	CT OF TEXAS P.O.Box sion)	PROOF OF CLAIM
Name_of Debtors	·	Case Number	
Stage Stores, Inc., a Delaware compact Specialty Retailers, Inc., a Texas Specialty Retailers, Inc. (NV), a I	orporation corporation Nevada corporation	00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	788-47517 Creditor ID#:
*place an "x" beside the name of the Deb against	tor you are filing a claim		United States Bankruptcy Court Southern District of Texas
Name of Creditor (The person or other entity money or property): Norma J Mendiola	to whom the debtor owes	Check box if you are aware that anyone else a filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	JUL 0 6 2000
Name and address where notices should be a stress of the s		Check box if you have never received any notices from the bankruptcy court in this case	Michael N. Milby, Clerk
510 W 17th St The Dalles OR 97058-1612		Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which credito	r identifies debtor:	Check here replaces if this claim amends a previ	ously filed claim, dated:
1. Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other		Retiree benefits as defined in 11 U Wages, salaries, and compensatio Your SS#: Unpaid compensation for services from to (date)	n (Fill out below) performed
		<u> </u>	<u> </u>
2. Date debt was incurred:		3. If court judgment, date ob	tained:
4. Total Amount of Claim at Time Case Fi If all or part of your claim is secured or en	ititled to priority, also completest or other charges in addition	e Item 5 or 6 below.	tained: Attach itemized statement of all interest or
4. Total Amount of Claim at Time Case Find If all or part of your claim is secured or ended to the Check this box if claim includes interest.	titled to priority, also completest or other charges in additionages.	e Item 5 or 6 below. In to the principal amount of the claim. 6. Unsecured Priority Claim.	Attach itemized statement of all interest or
 4. Total Amount of Claim at Time Case Fill of part of your claim is secured or engaged. Check this box if claim includes interest additional chains. 5. Secured Claim. Check this box if your claim is secured. 	st or other charges in additioning a	ce Item 5 or 6 below. In to the principal amount of the claim. 6. Unsecured Priority Claim. Check this box if you have an understand Amount entitled to priority \$ Specify the priority of the claim wages, salaries, or commissions (up to the bankruptcy petition or cessation of to U.S.C. § 507(a)(3) Contributions to an employee benefit play to \$1,950* of deposits toward purchase personal, family, or household use - 11 Alimony, maintenance, or support owed.	Attach itemized statement of all interest or unsecured priority claim 260 4,300),* eamed within 90 days before filing of the debtor's business, whichever is earlier - 11 an - 11 U.S.C. § 507(a)(4).
4. Total Amount of Claim at Time Case Fill all or part of your claim is secured or en Check this box if claim includes interest additional characters. 5. Secured Claim. Check this box if your claim is secure right of setoff). Brief Description of Collateral: Real Estate Motor Vehicle Other All personal and intangible presented.	est or other charges in additionages. d by collateral (including a operty of Debtor's Estate	ce Item 5 or 6 below. In to the principal amount of the claim. 6. Unsecured Priority Claim. Check this box if you have an understand Amount entitled to priority \$ Specify the priority of the claim wages, salaries, or commissions (up to the bankruptcy petition or cessation of the U.S.C. § 507(a)(3) Contributions to an employee benefit play to \$1,950* of deposits toward purchas personal, family, or household use - 11 Alimony, maintenance, or support owed 507(a)(7). Taxes or penalties owed to government Other - Specify applicable paragraph or support of the claim.	Attach itemized statement of all interest or Unsecured priority claim 2.6.0
4. Total Amount of Claim at Time Case Fill all or part of your claim is secured or engadditional characters. Check this box if claim includes interest additional characters. Secured Claim. Check this box if your claim is secure right of setoff). Brief Description of Collateral: Real Estate Motor Vehicle Other All personal and intangible provided of Collateral: Value of Collateral: \$ Amount of arrearage and other charges and other charges and other charges and other charges.	est or other charges in additionages. In the case filed included in sector has been credited and decements of running accounts, contents, and evidence of perfection one documents are not available, ch a summary.	de Item 5 or 6 below. In to the principal amount of the claim. 6. Unsecured Priority Claim. Check this box if you have an an amount entitled to priority \$	Attach itemized statement of all interest or Unsecured priority claim 2.6.0